

ART. II. *Account of a case of Dissecting Aneurism seen at an early stage.* By PAUL B. GODDARD, M. D., Demonstrator of Anatomy, University of Pennsylvania.

In January, 1836, I was requested by Dr. William Harris to make an examination of the body of a woman who had died under the following circumstances: This woman, who was cook in a respectable family in this city, was taken suddenly ill about five o'clock in the afternoon, whilst making some exertion, and complained of faintness and oppression in the region of the heart. Dr. Harris was immediately sent for, and caused her to be bled, which relieved her considerably. He saw her again in the evening and found her weak, but observed no symptoms indicative of immediate danger. He was called up to her, however, in the night, and found her moribund; death took place soon after midnight.

On examination, the pericardium was found distended with dark blood, firmly coagulated, estimated to amount to at least eight ounces.

The heart was large and fat, but its structure was normal in every part; the lining membrane of the aorta presented a yellowish appearance, studded here and there with minute ossific patches; about three-fourths of an inch from the semilunar valves a rupture was found nearly an inch in length in a transverse direction, which extended through half the thickness of the middle coat. A channel led both upwards and downwards from this point, which was produced by the separation of the laminæ of the middle coat, extending in width to one-half the circumference of the artery. The upper channel followed the arch of the aorta, and descended as far as the origin of the eighth intercostal artery, leaving the aorta at the summit of the arch to run some inches between the coats of the innominate, left primitive carotid and subclavian. It also ran along some of the intercostals. Many obstacles were thrown in the way of a more perfect dissection by the family, and the distance to which it extended in the vessels of the neck was not precisely ascertained.

The whole of this channel was occupied by a coagulum of dark blood. The lower channel, which appeared to be subsequently formed, and in all probability caused the death of the patient, extended from the rupture in the internal coat to the point of junction of the fibrous pericardium with the root of the aorta; it passed between the two, and then, by a rupture of the serous pericardium, escaped into its cavity.

The woman was very fat, and appeared to be well formed, muscular, and in good health at the time of the accident. Every other organ of the thorax and abdomen was normal. The brain was not examined.

The preparation, which was obtained with difficulty, stands at the side of Dr. Pennock's in the anatomical museum of the University.

I believe that if the rupture had not extended into the pericardium, the

woman would have lived, and an adventitious serous lining being formed for the new channel, it would have presented in after years, the same appearance as Dr. Pennock's preparation. There is one point very remarkable. In Dr. Pennock's case, there are seen in the angle between the new and the old channel, on either side, a number of filaments covered with the new serous lining and extending from the old vessel to the new; in my preparation, the same filaments exist, formed of shreds of the middle coat, but smaller than in Dr. Pennock's, in consequence of the want of the adventitious covering.

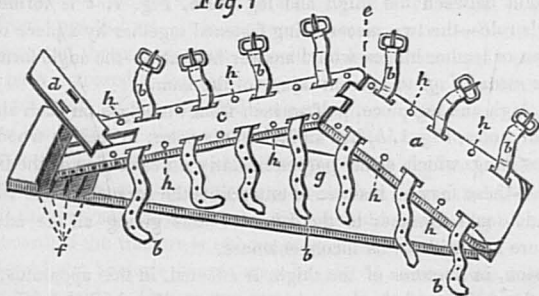
The occurrence of the two cases within a short time of each other, would go to show that the accident, when well understood, will be found to be more frequent than has been supposed.

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ART. III. *Description of a Modification of the Double Inclined Plane, with an exposition of its advantages over other apparatus for fractures of the lower extremity.* By JOSIAH C. NOTT, M. D., of Mobile.

THIS apparatus consists of four pieces, a thigh piece, a leg piece, a moveable foot board, and a horizontal board resting flat on the bed.

Fig. 1



The thigh piece, Fig. 1, *a*, is fifteen inches long, eight inches wide at the upper, and seven inches at the lower end, one inch and a quarter thick; the upper surface is hollowed out a little and brought to a thin edge above, to fit well under the nates; the corners are rounded off, *otherwise they would be in the way in passing faces*. Three narrow slits are cut through on each side, two inches from the edges, for the leather straps to pass through, one as near the knee as possible, one near the groin, and the third intermediate.

Leather straps with buckles, Fig. 1, *b, b*, long enough (two and a half feet,) to pass round the limb after the pads and splints are applied, and buckle firmly across.

The leg piece, Fig. 1, *c*, is two feet long, seven inches wide at upper, and